

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041950

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH

a. COUNTY

Cedarb. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN Stockton

Length of stay in 1b

41 yearsc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Lynn Township Residence

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cedar

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWN Stockton

(if outside, give location)

d. STREET  
ADDRESS Lynn Township Residence

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Willie

Middle

A.

Last

Hunt4. DATE  
OF DEATH

Month

Day

Year

Nov - 29 - 1962

## 5. SEX

M

## 6. COLOR OR RACE

W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

July 17 - 1892

## 9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Osage Co. Kans.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Jack Hunt

## 13b. MOTHER'S MAIDEN NAME

Belle Caldwell

## 14. NAME OF HUSBAND OR WIFE

Thula Hunt15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Thula Hunt, Rte #6 Stockton, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of rectumINTERVAL BETWEEN  
ONSET AND DEATHmonthsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a).PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9.12.61 to 11.26.62 and last saw <sup>him</sup> ~~her~~ alive on 11.26.62  
Death occurred at 8:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wm B. K. Hunter MD

## 22b. ADDRESS

Stockton Mo

## 22c. DATE SIGNED

12.1.6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Dec-2-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Hamby Cemetery

## 23d. LOCATION (City, town, or county)

West of Stockton, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Melvin L. JANSSENS, El Dorado Spgs, Mo. Dec 1, 1962

## 25. DATE REGD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591020020200

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11

1290-0132-0

DEC 7 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William L. Janssen*

Licensed Embalmer No.

*4529*

P. O. Address

*El Dorado Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.